

**PERMIT APPLICATION INFORMATION SHEET**Permit Number: \_\_\_\_\_  
To Be Entered By DOT

Date Submitted: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_

State Route Number: \_\_\_\_\_ Milepost: \_\_\_\_\_ US Route No.(If Applicable): \_\_\_\_\_

Within City Limits of: \_\_\_\_\_ County Name: \_\_\_\_\_

**Complete This Section For Commercial Driveway Permit Applications, DOT 7412**

Type of Business: \_\_\_\_\_

Number and Type of Driveways Requested: \_\_\_\_\_  
For example: full access, right-in/right-out only**Complete This Section For Special Encroachment Permit Applications, DOT 7410**Description of Work Requested: \_\_\_\_\_  
\_\_\_\_\_**Complete This Section For Temporary Conditional Permit Applications, DOT 7414**Description of Request: \_\_\_\_\_  
\_\_\_\_\_**Complete This Section For Utility Encroachment Permit Applications, DOT 7413**List the Utility Owners: \_\_\_\_\_  
\_\_\_\_\_

## APPENDIX B

### PERMIT APPLICATIONS



To Be Completed By DOT:

Will this permit have Special Encroachment? ☐ Yes ☐ No

Will this permit require donation of additional right-of-way? ☐ Yes ☐ No

Will this permit require relocation or adjustment to any utility? ☐ Yes ☐ No

Will this permit require replacement of utility easements or ELA? ☐ Yes ☐ No

Will this permit comply with American Disabilities Act (ADA)? ☐ Yes ☐ No